

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Ad</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>15<sup>th</sup></u>	Age <u>Years</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>Joseph M. Armstrong</u>			Father's Birthplace <u>Balto. Md.</u>		
Mother's Maiden Name <u>Mary E. Johnson</u>			Mother's Birthplace <u>Balto. Md.</u>		
Name of person giving Information <u>Joseph M. Armstrong</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still-born</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. B. Shenkel Md</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name  
in  
Full

Edmund P. Banks

## CERTIFICATE OF DEATH

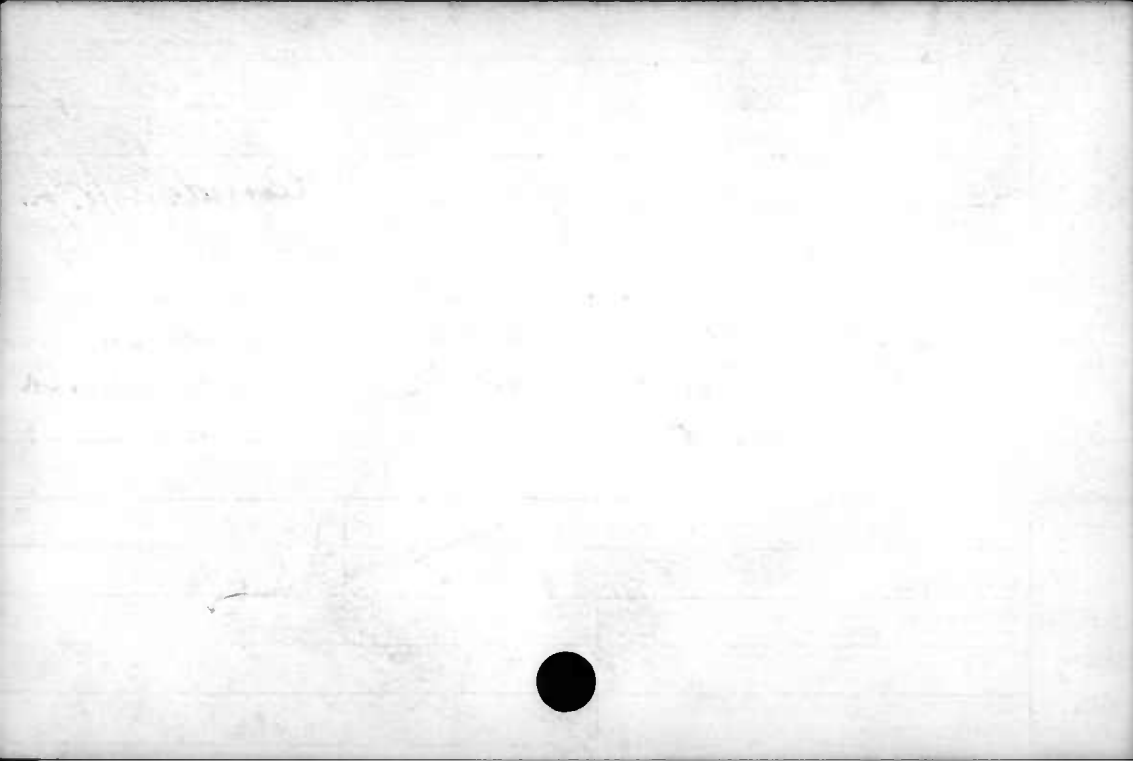
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>a a co</i>		County		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>10</i>	Day	<i>21</i>	Age	<i>68</i>	Years	Months
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth place	<i>Camden N.J.</i>		
Married, Single or Widowed	<i>Married</i>				Occupation	<i>Ship carpenter</i>			
Name of Wife or Husband	<i>Charlotte J.</i>								
Father's Name	<i>Edmund Palmer Banks</i>						Father's Birthplace	<i>Camden N.J.</i>	
Mother's Maiden Name	<i>Charlotte J. Smalwood</i>						Mother's Birthplace	<i>Louden Co. Va.</i>	
Name of person giving information	<i>Chas H Banks</i>						How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Liver 40</i>		How long	<i>Two years</i>
Immediate	<i>Asthenia</i>		How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes.</i>		<i>Geo. Wells</i>		
<i>No</i>		Address		
<i>No</i>		<i>Annapolis</i>		
Accident or Suicide?		<i>Maryland</i>		



Rosa Barline

Died at <sup>Town</sup> Glen Burnie <sup>County</sup> of St MARYLAND

Date 1902 <sup>Month</sup> Oct <sup>Day</sup> 13 <sup>Y.</sup> Age <sup>M.</sup> 4 <sup>D.</sup> 6 <sup>Native of</sup> Maryland <sup>Occupation</sup>

-Male <sup>White</sup> Married <sup>Widow</sup> Divorced  
 Female <sup>Colored</sup> Single <sup>Widower</sup> Number of children living

Husband of

Wife

Father's Name Michael Barline <sup>105</sup> Mother's Maiden Name Angeline White

Cause of Death { Primary Marasmus How long sick 4 months  
 Immediate Death failure Accident, Suicide, Homicide

Reported by W. B. Chapman

Address 1400 N. 10

Balch

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Henry Bell

## CERTIFICATE OF DEATH

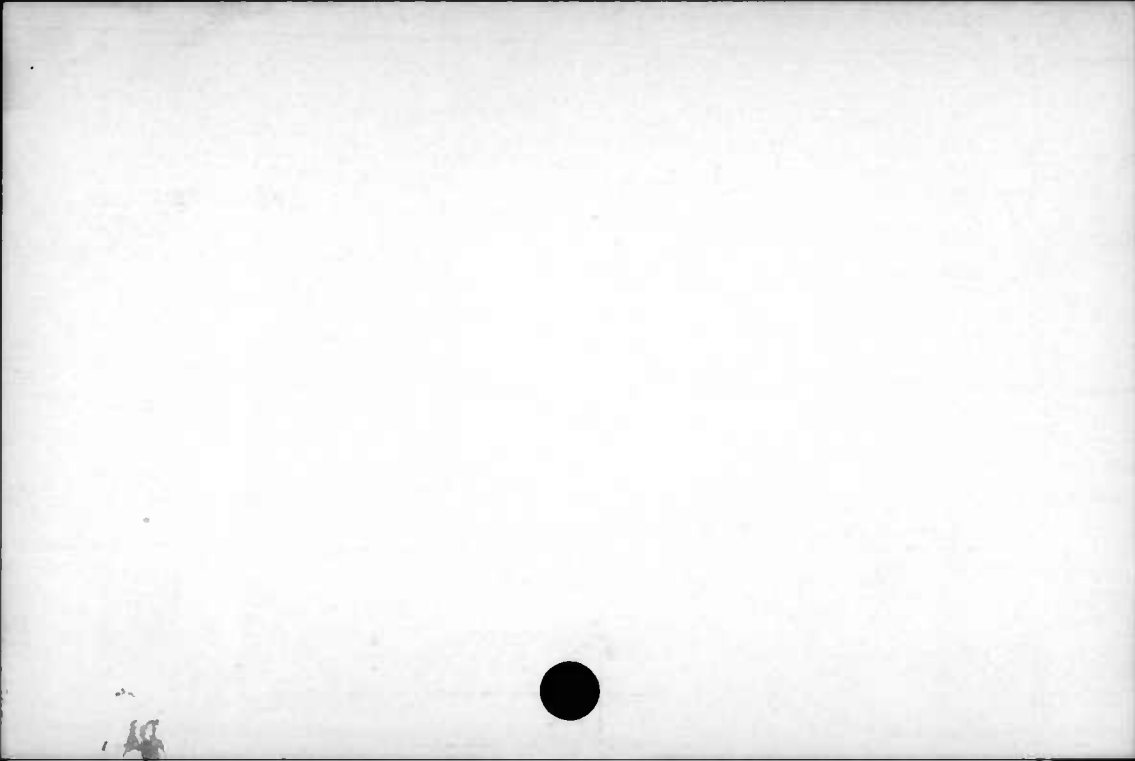
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>30</i>	Age <i>1</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Thomas Gb Bell</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Sarah J Taylor</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Thos. Gb Bell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Exhaustion</i>	How long	<i>Months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout MD</i>	
<i>Yes</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Mary A. Boone

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>XX</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	<u>Oct</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	<u>60</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Bald Md</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>      </u>		
Name of <del>Wife</del> <u>Thas C Boone</u> <sup>Husband</sup>					
Father's Name <u>Augustus Gambrill</u>			Father's Birthplace <u>Bald</u>		
Mother's Maiden Name <u>Mary Ehlen</u>			Mother's Birthplace <u>Bald</u>		
Name of person giving information <u>Robert Mues</u>			How related to deceased <u>Son in Law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer</u>	How long <u>10 months</u>
Immediate <u>Gangrene leg.</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>H. C. Clements, M.D.</u>
	Address <u>5 St. John St., Annapolis, Md.</u>
<u>What was the cause of death?</u>	



Name  
in  
Full

intended name. Russell, G. Brewer

## CERTIFICATE OF DEATH

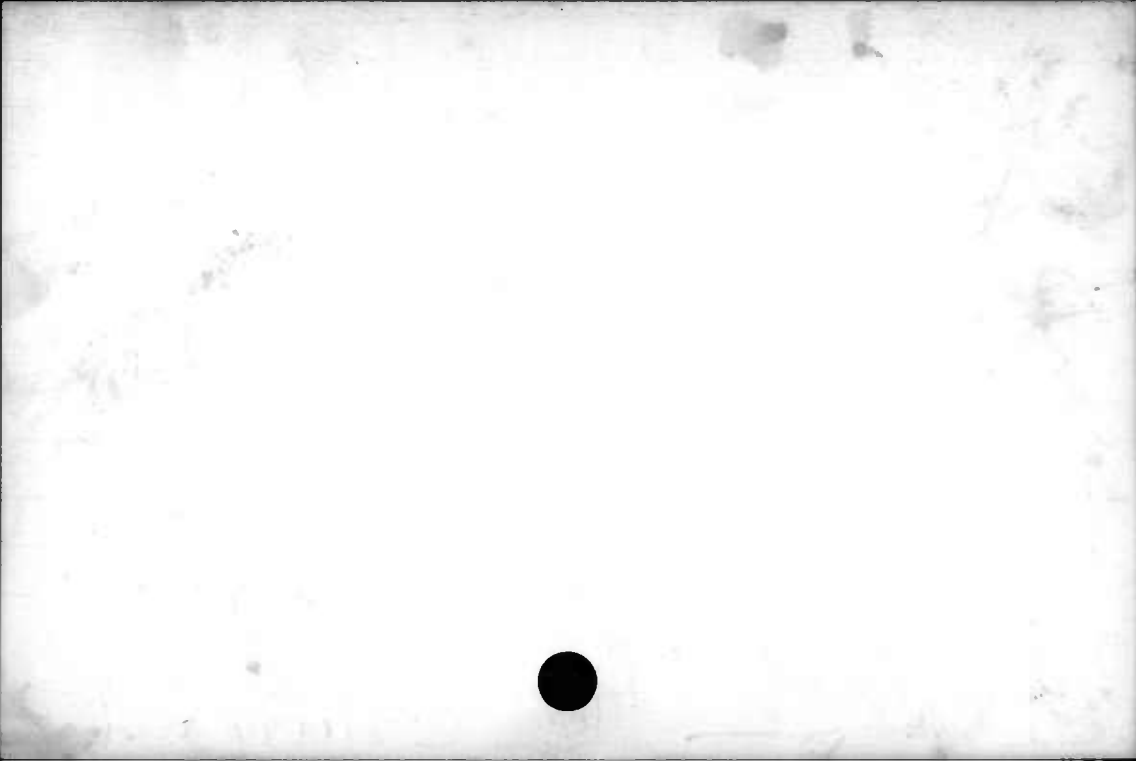
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis Md		County a. a. co		MARYLAND	
Date of death 1902		Month October	Day 10th	Age did at Birth	Years	Months	Days
Sex Boy		Color or Race white,		Birth- place Annapolis			
Married, Single or Widowed married		Occupation merchant					
Name of Wife or Husband Emma A. Brewer							
Father's Name William G. Brewer				Father's Birthplace Annapolis			
Mother's Maiden Name Emma A. Russell				Mother's Birthplace "			
Name of person giving In formation Miss D. W. Carter				How related to deceased father's mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. Wells	
yes		Address Annapolis	
Accident or Suicide?		Maryland	



Name  
in  
Full

Emma A Brewer

## CERTIFICATE OF DEATH

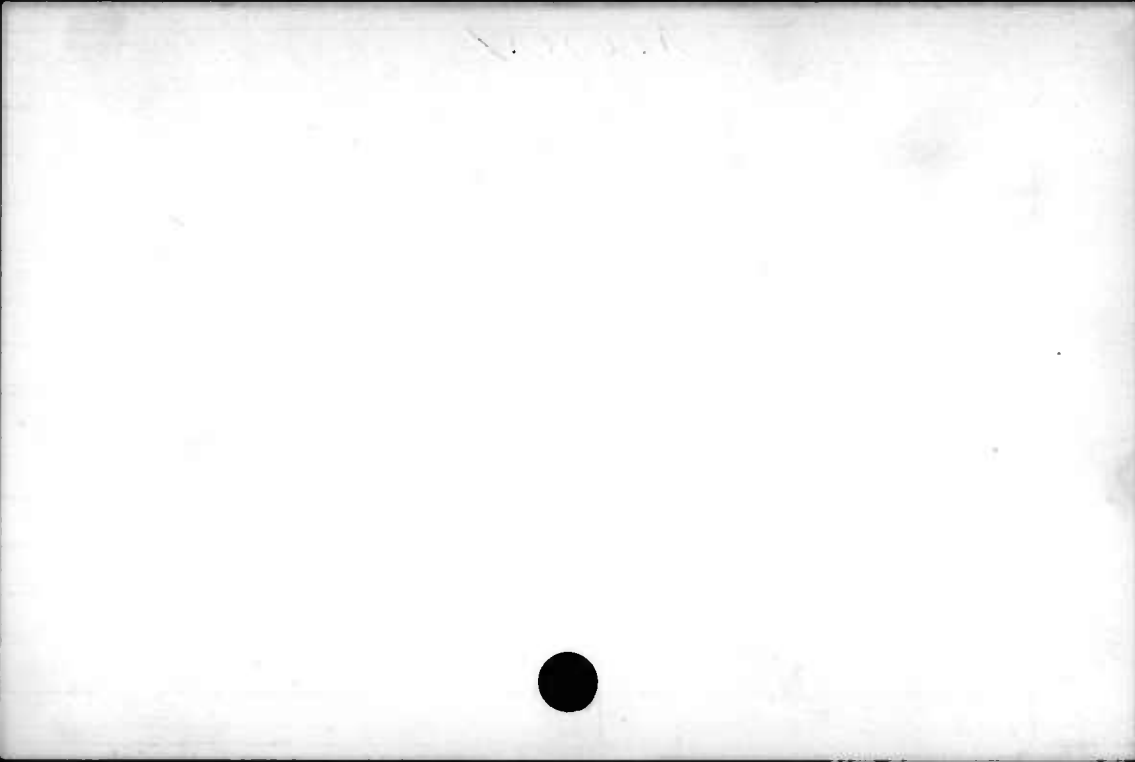
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>a. a.</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>32</i>	Years	Months <i>6</i>	Days <i>11</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Annapolis</i>					
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>Wm G. Brewer</i>							
Father's Name		<i>137</i>		Father's Birthplace			
Mother's Maiden Name <i>Emma A. Russell</i>		Mother's Birthplace					
Name of person giving Information <i>James E. Chance</i>		How related to deceased <i>Brother's law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Puerperal Fever.</i>	How long <i>Two days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells.</i>
<i>yes</i>	Address <i>Annapolis.</i>
Accident or Suicide? <i>No</i>	<i>Maryland.</i>



Name  
in  
Full

Hellen Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Annapolis		Anne Arundee		MARYLAND	
Date of death 1902		Month	Oct	Day	10	Years	1
Sex		Female		Color or Race		White	
Married, Single or Widowed		Single		Occupation		none	
Name of Wife or Husband							
Father's Name				Henry Campbell			
Mother's Maiden Name				Ellen Freeman			
Name of person giving information				Henry Campbell			
Father's Birthplace				Annapolis			
Mother's Birthplace				Annapolis			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pernicious Anaemia		How long		Sometime	
Immediate		Hemorrhage		How long		Within 24 hours.	
Are the name, age, sex, color, date and place correctly given above?				Yes.			
Signature of Physician				F. H. Thompson M.D.			
Address				93 Church St. Annapolis			
Accident or Suicide?							





Name  
in  
Full

Mildred Agnes Chaney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Eastport <sup>Town</sup> St <sup>County</sup> MARYLAND

Date of death 190 2 Month Oct Day 2 Age 1 Years Months 27 Days

Sex Girl Color or Race White Birth-place Eastport.

Married, Single or Widowed Single Occupation Ship Carpenter

Name of Wife or Husband None

Father's Name Joseph Thomas Chaney Father's Birthplace Annapolis

Mother's Maiden Name Emma Robertha Brown Mother's Birthplace Annapolis

Name of person giving information Mother How related to deceased mother & father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

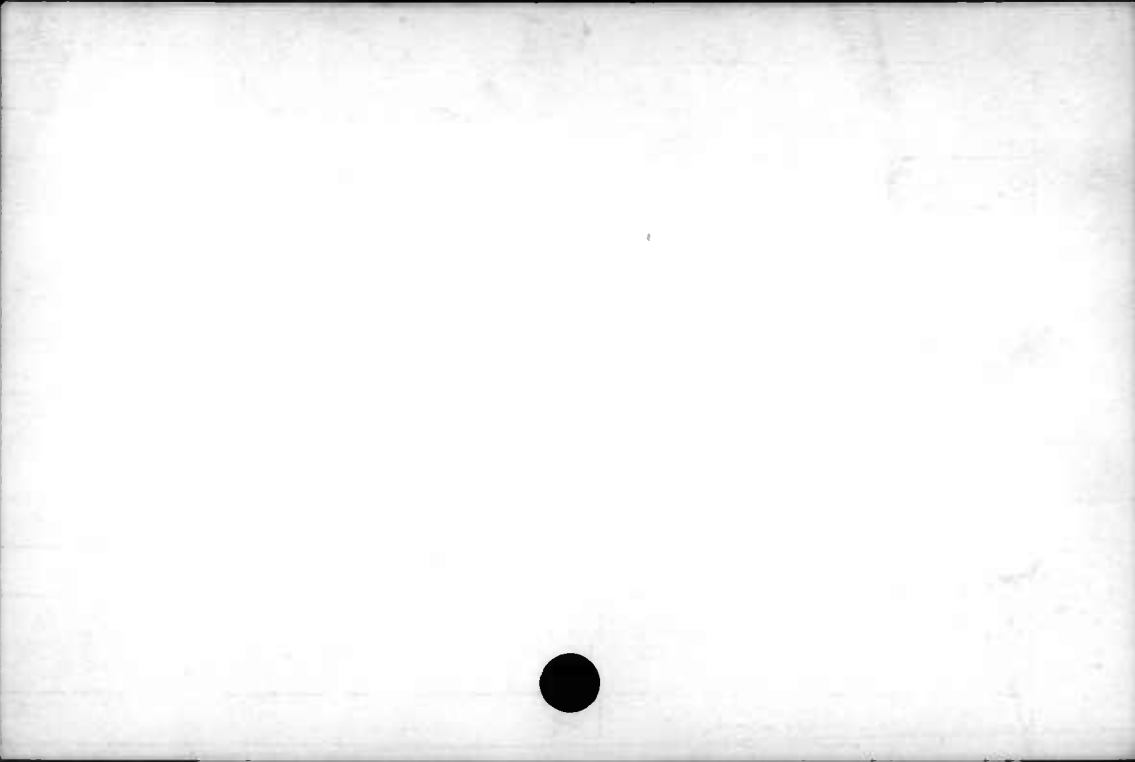
Primary Dentition How long Since July

Immediate Marasmus 105 How long 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm. H. Brown

Address Annapolis

Accident or Suicide? No



Name in Full

Certificate of Death

Elizabeth Olliff Clark

Town

County

Died at

Odenton

Anne Arundel

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Oct. 18

Age

19 1

Virginia Housekeeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living One

Husband

of

Harvey Clark

Wife

Father's

Name

Samuel Olliff

Mother's

Name

Mrs Olliff

Cause of

Primary

Bilious Remittent Fever, five weeks

How long sick

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

Sam. H. Anderson M.D.

Address

Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1902



Name  
in  
Full

George Colhouer

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Harwood

aa

Date

Month

Day

Years

Months

Days

of death 1902

Oct

26

Age

26

Sex

Male

Color or  
Race

White

Birth-  
place

aa Co Md

Married, Single  
or Widowed

Single

Occupation

Farmer

Name of Wife or  
HusbandFather's  
Name

Geo. Colhouer 108

Father's  
Birthplace

Pittsburg

Mother's

Maiden Name

Mother's  
BirthplaceName of person giving  
In formation

Grant Colhouer

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Intestinal Obstruction

How long

12 hours

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. W. Walter Ratimer

Address

West River

Md

X

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Cooper

## CERTIFICATE OF DEATH

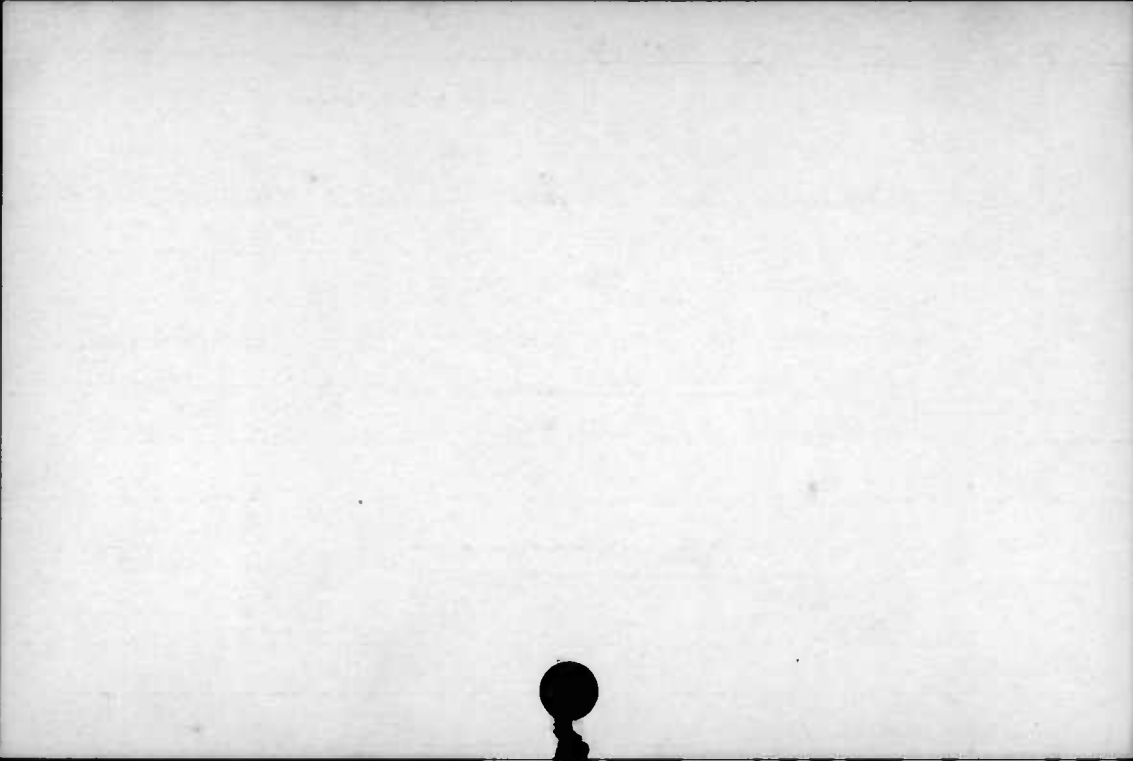
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Anne arundel					
Date	Month	Day	Years	Months	Days		
of death 190	2	Oct.	15 <sup>th</sup>	70	5	9.	
Sex	Male		Color or Race	White		Birth-place	Tolbert Co
Married, Single or Widowed	Married		Occupation	Water man			
Name of Wife or Husband	Margaret Harrison						
Father's Name	Thomas Cooper				Father's Birthplace	Tolbert Co	
Mother's Maiden Name	Mary Ann Wholer				Mother's Birthplace	Same	
Name of person giving Information	Harry DeLaurie.				How related to deceased	Son in Law.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arterio-sclerosis 81		How long	20 years
Immediate	Paralysis of throat		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		S. S. Hiplum		
Address		Annapolis Ind.		
Accident or Suicide?				





Name  
in  
Full

Wanda Annie Cywinski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town So. Baltimore		County Anne Arundel		MARYLAND	
Date of death 1902		Month Oct.	Day 17	Age Years —		Months 8	Days —
Sex Female		Color or Race white		Birth- place So. Balto. Md.			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Stanislaw Cywinski				Father's Birthplace Russia			
Mother's Maiden Name Helen Kowalewski				Mother's Birthplace Germany			
Name of person giving In formation Helen Cywinski				How related to deceased mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long One day.	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thomas B. Horton M.D.	
		Address So. Balto. Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

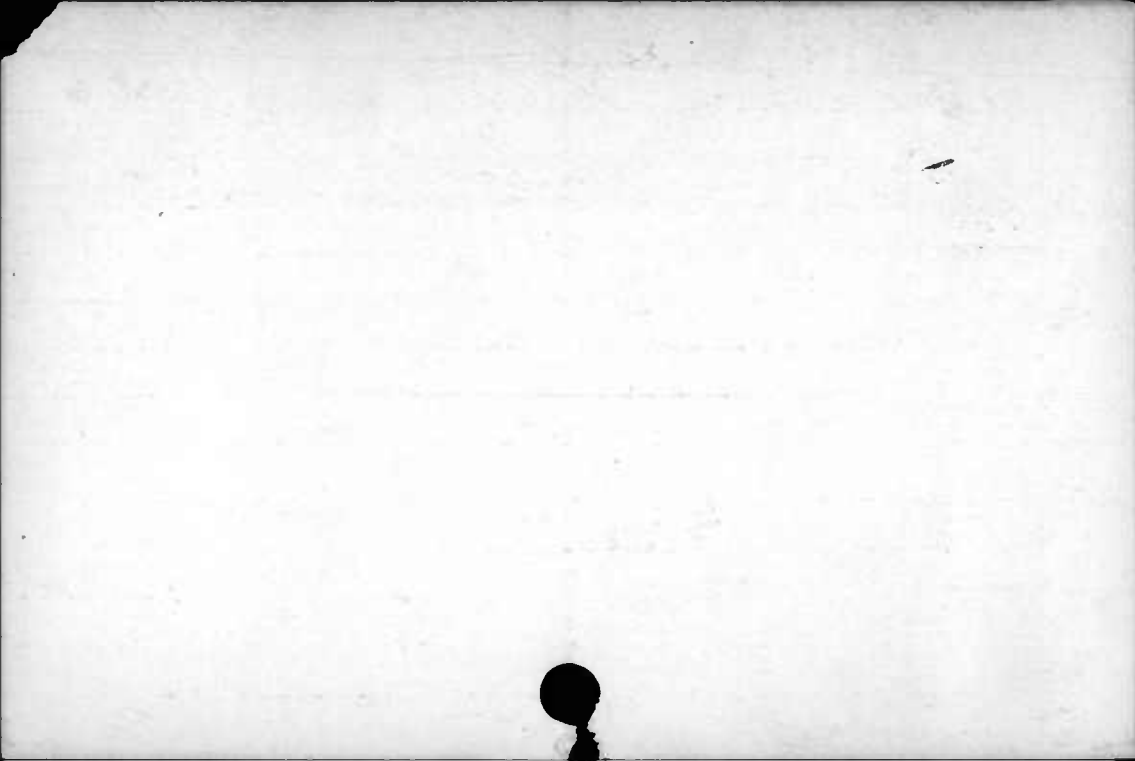
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Hehenziah M. Dyson</b>		Town <b>Edenton</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at <b>Edenton</b>		Date of death 19 <b>22</b>		Month <b>10</b>		Day <b>26</b>	
Age <b>76</b>		Years <b>76</b>		Months <b>10</b>		Days <b>3</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Edenton</b>			
Married, <del>Single</del> <b>Married</b>		Occupation					
Name of Wife <b>Alise Dyson</b>							
Father's Name <b>—</b>				Father's Birthplace <b>—</b>			
Mother's Maiden Name <b>—</b>				Mother's Birthplace <b>—</b>			
Name of person giving Information <b>James Dyson</b>				How related to deceased <b>Son</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Endocarditis</b>		How long <b>78</b>	
Immediate <b>Anaemia</b>		How long <b>6 years</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>R. T. Hammond</b>	
		Address <b>Jessup</b>	
Accident or Suicide? <b>—</b>		<b>Ind. X</b>	



Name  
in  
Full

Richard Fairall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Odenton</u>		County <u>Prince Georges</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>24</u>	Age <u>          </u>	Years <u>          </u>	Months <u>          </u>
Sex <u>Male</u>	Color or Race <u>White American</u>	Birth-place <u>Odenton</u>	Days <u>phones</u>		
Married <u>X</u> Single <u>          </u> or Widowed <u>          </u>		Occupation <u>          </u>			
Name of Wife or Husband <u>          </u>					
Father's Name <u>Thomas Fairall</u>			Father's Birthplace <u>Odenton</u>		
Mother's Maiden Name <u>Elmira A Boyer</u>			Mother's Birthplace <u>Severn</u>		
Name of person giving information <u>Thomas Fairall</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mal Ntrition</u>	How long <u>4 hours</u>
Immediate <u>Do</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>JH DuBois M.D.</u>
	Address <u>Gambrells Md</u>
<u>Accident or Suicide?</u>	



Name  
in  
Full

James G. Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County <i>AA</i>		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>Oct</i>	Day	<i>4th</i>	Age	<i>14</i>
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>AA county</i>
Married, Single or Widowed	<i>Single</i>			Occupation			<i>School-boy</i>
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Richard Galloway</i>				Father's Birthplace <i>AA county</i>			
Mother's Maiden Name <i>Alvira Spencer</i>				Mother's Birthplace <i>AA county</i>			
Name of person giving information <i>Richard Galloway</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>27</i>	Months
Immediate	<i>Exhaustion</i>	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>		
<i>Yes</i>		Address <i>Annapolis Md</i>		
Accident or Suicide?				





Name in Full		Andrew Gills				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hickmans Town		Brunntrundles County		MARYLAND
	Date of death 190		2	Month October	29	Day	Age 80
	Sex		Male		Color or Race		White
	Married, Single or Widowed		Married		Occupation		Blacksmith
	Name of Wife or Husband		Mary Dora Gills				
	Father's Name		Unknown		Father's Birthplace		Unknown
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown
Name of person giving information		Mary Dora Gills		How related to deceased		wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Paralysis		How long		52 days
	Immediate		Exhaustion		How long		66
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. R. Wmerson
	Address		Elkridge		Md		
Accident or Suicide?							



Name  
in  
Full

Wack Gross

CERTIFICATE OF DEATH

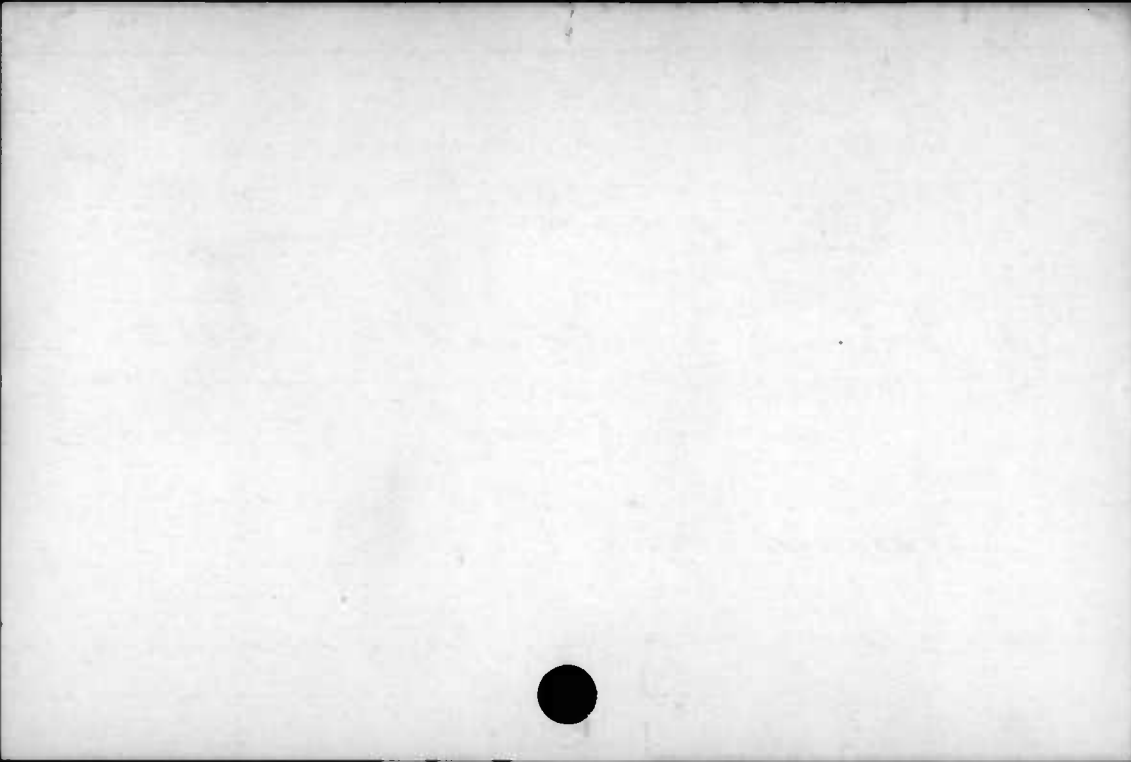
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lothian</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190	<u>2</u> <small>Month</small> <u>Oct.</u> <small>Day</small>	<u>18</u> <small>Years</small>	Age <u>44</u>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Jane Gross</u>					
Father's Name <u>John Gross</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Eliza Smith</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Sylvanus Gross</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>93</u>	How long <u>9 days</u>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Terrie</u>	
	Address <u>McKendree</u>	
	<u>Ind.</u>	
Accident or Suicide?		



Name  
in  
Full

Naddoek

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brooklyn		County a a		MARYLAND				
Date of death 190		2	Month 10	Day 18	Age	Years	Months	Days 3		
Sex		Male		Color or Race		White		Birth- place	md	
Married, Single or Widowed		Single		Occupation						
Name of Wife or Husband										
Father's Name					James Naddoek				Father's Birthplace	Va
Mother's Maiden Name					Lillie Furcram				Mother's Birthplace	Va
Name of person giving In formation					Jas Naddoek				How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Constitution		How long		71	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. H. Brooke	
				Address		Brooklyn	
Accident or Suicide?							



Name  
in  
Full

Susan Gamins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millsville</i>		Town		<i>A. A.</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Oct.</i>		Day <i>5</i>		Age <i>84</i>		Years <i>84</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. Co.</i>		Months <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>					
Name of <del>Wife</del> or Husband <i>Washington Gamins</i>				Father's Name <i>John Matthews</i>					
Father's Name <i>John Matthews</i>				Father's Birthplace <i>Ms</i>					
Mother's Maiden Name <i>Mathey Matthews</i>				Mother's Birthplace <i>Ms</i>					
Name of person giving information <i>Frank Bradford</i>				How related to deceased <i>Son in Law</i>					

## CAUSES OF DEATH

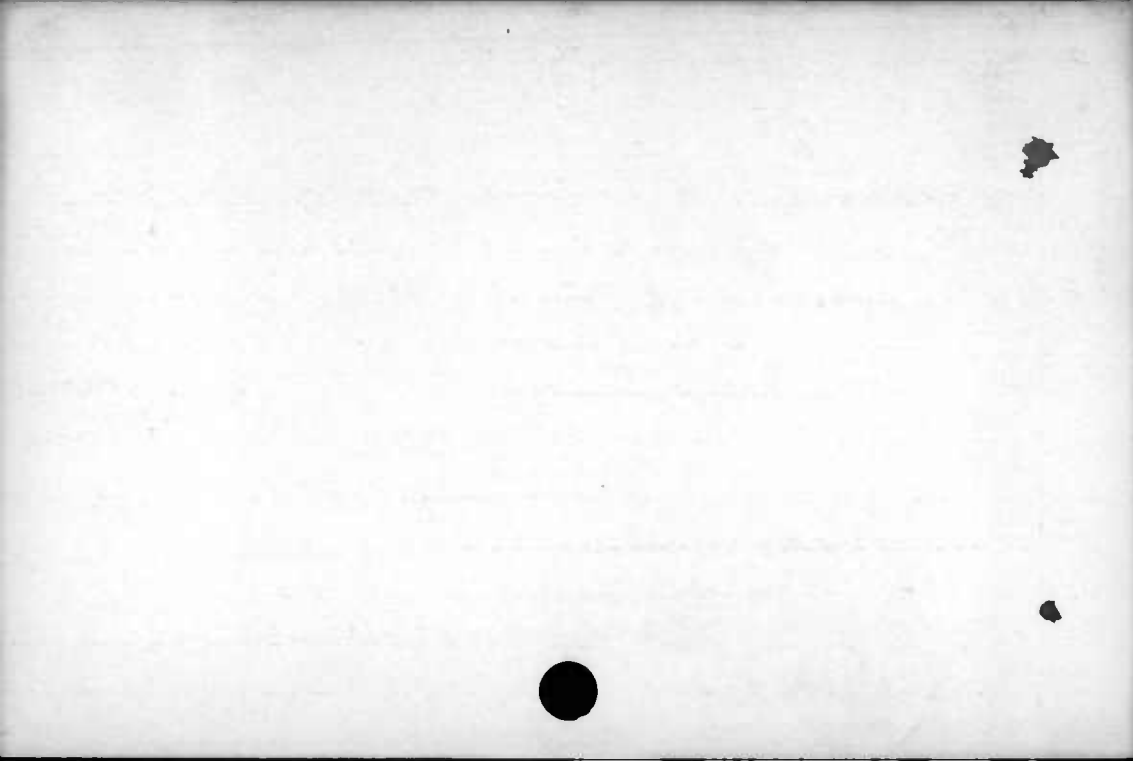
PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>		How long <i>9</i>		<i>to my-</i>	
Immediate <i>Have not seen her for one month</i>		How long <i>-</i>		<i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>A. V. Bant</i>			
		Address <i>Millsville</i>			
<i>Accident or Suicide?</i>		<i>X Ms</i>			





Name in Full		Christina <del>Diggs</del> Hawkins		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Waterbury</u> Town		County <u>Channe</u>		MARYLAND			
		Date of death 190 <u>2</u>		Month <u>10</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Waterbury Md</u>			
		Married, Single or Widowed <u>Single</u>		Occupation <u>Nursing</u>					
		Name of Wife or Husband <u>Lucy Chapman</u>							
		Father's Name <u>Wm Hawkins</u>				Father's Birthplace <u>Waterbury Md</u>			
		Mother's Maiden Name <u>Lucy Chapman</u>				Mother's Birthplace <u>Waterbury Md</u>			
		Name of person giving information <u>Julia Chapman</u>				How related to deceased <u>Sister Mother</u>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Inanition &amp; Mal nutrition from birth</u>				How long <u>10's</u>			
		Immediate <u>Syncope</u>				How long <u>one day</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>J. W. DuBois</u>			
		Reported by <u>Julia Chapman</u>				Address <u>Lanbrells Md</u>			
		Accident or Suicide <u>—</u>							



Irene Howard

Town

County

Died at South River - Anne Arundel

MARYLAND

Date 1902 Oct 24 Age 1122 Md  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

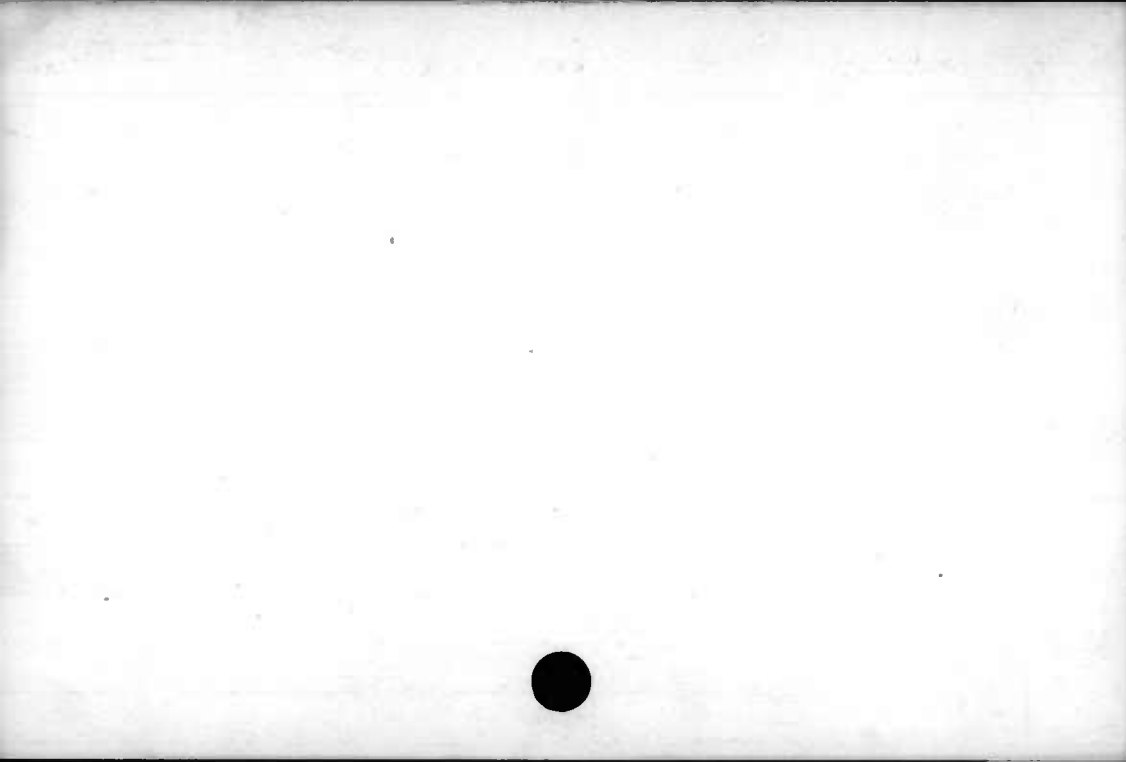
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lyphoid fever	How long	eight days
Immediate	Arteremia	How long	56 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo. Wells	
		Address	
		Annapolis	
		Maryland	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

James Thomas Jenkins  
Churchton A A County

Date

of death 1902

Month

Oct

Day

19

Years

Age 10

Months

5

Days

19

Sex

Male

Color or  
Race

Colored

Birth-  
place

Anne Arundel Md

Married, Single  
or Widowed

Single

Occupation

School-boy

Name of Wife or  
HusbandFather's  
Name

Jas. H. Jenkins

Father's  
Birthplace

A. A. Co., Md

Mother's  
Maiden Name

Sophia Butler

Mother's  
Birthplace

" " " "

Name of person giving  
information

Jas. H. Jenkins

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis

27

How long

6 months

Immediate

B Pulmonary Oedema

How long

24 Hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

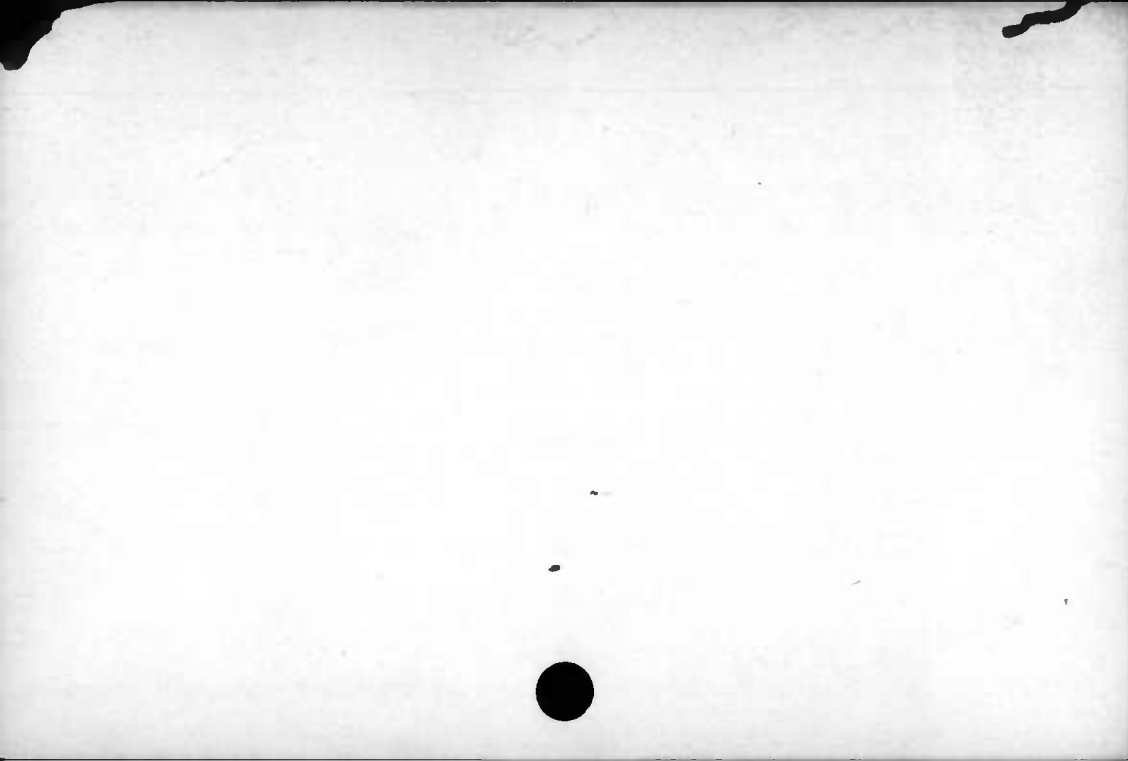
Geo T. Smith

Address

Churchton Md

Accident or Suicide?

—





Name  
in  
Full

George Johnson

## CERTIFICATE OF DEATH

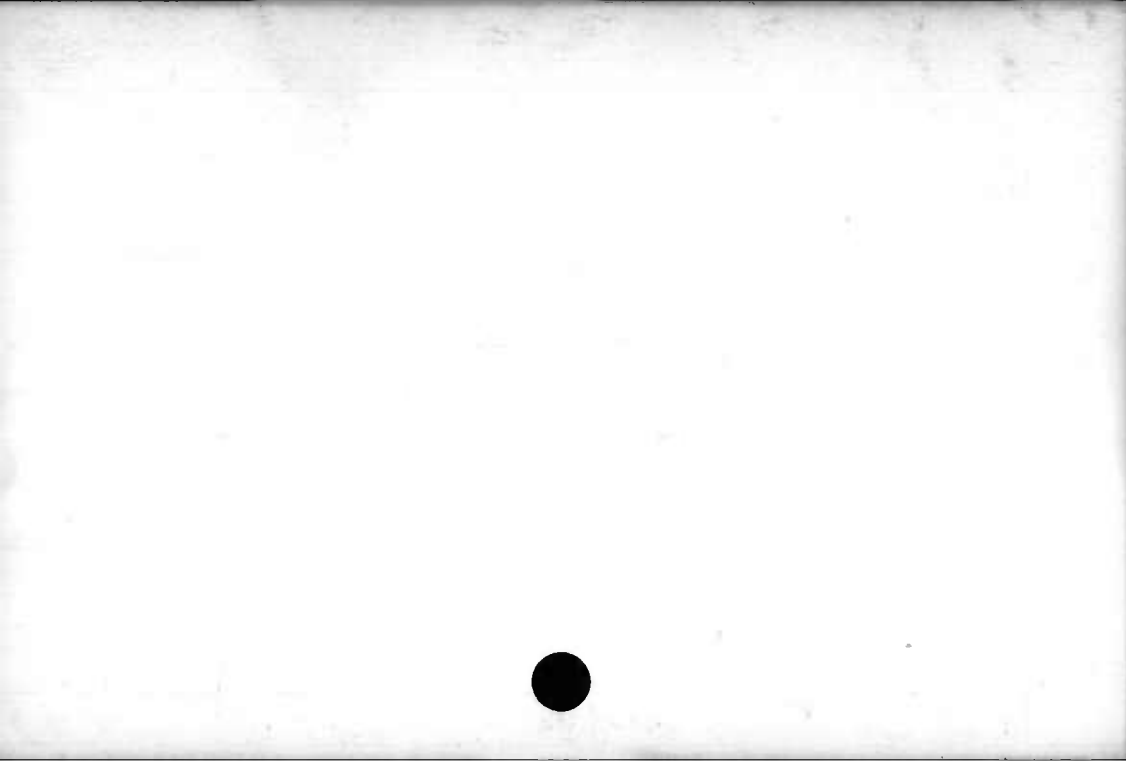
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Ad</i>		MARYLAND	
Date of death 190	2	Month <i>Oct</i>	Day <i>11</i>	Age <i>19</i>	Years	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth- place <i>Annapolis</i>				
Married, Single or Widowed _____				Occupation <i>Waiter</i>			
Name of Wife or Husband							
Father's Name <i>George Johnson</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Lottie Pinkney</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving In formation <i>George Johnson</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Ten days</i>
Immediate	<i>Peritonitis</i>	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>Yes</i>		Address <i>Annapolis</i> <i>Md</i>	
Accident or Suicide?			



Name  
in  
Full

Robert Linton

## CERTIFICATE OF DEATH

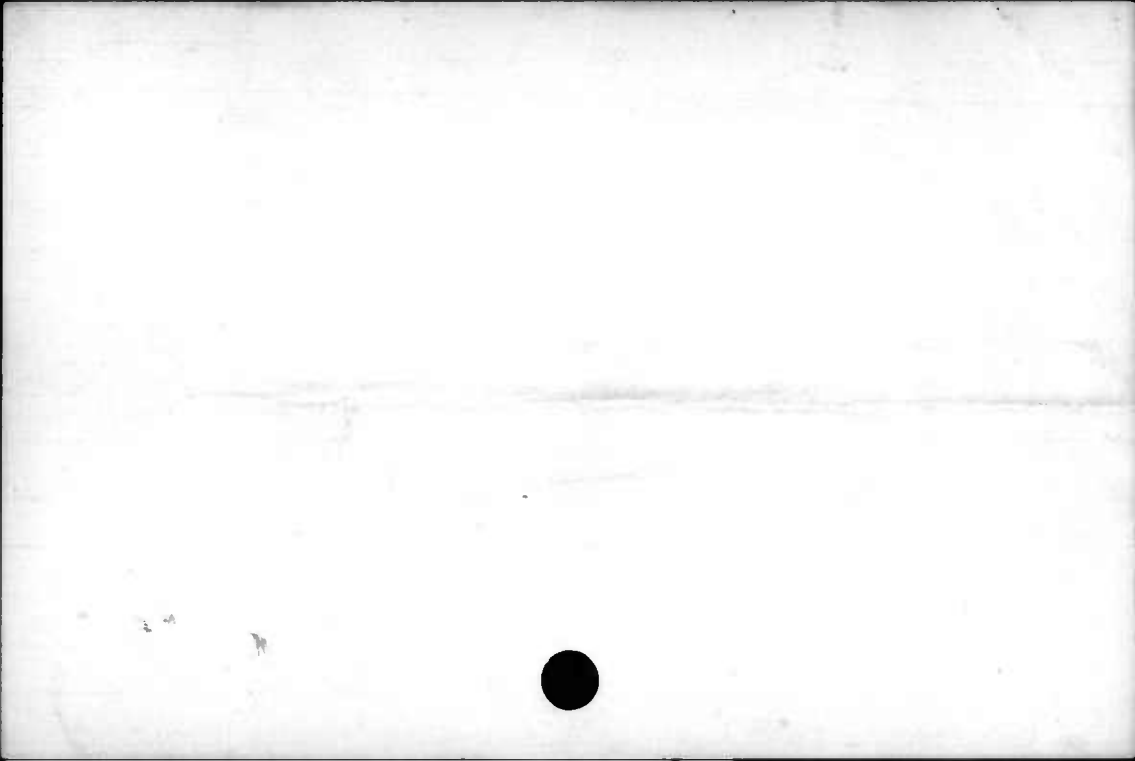
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <i>Annapolis</i> <i>St</i> <i>County</i>		MAYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>13<sup>th</sup></i>	Age <i>27 yrs</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>D. C.</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>Labourer</i>		
Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>D. C.</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>D. C.</i>	
Name of person giving information <i>Frank Jones</i>		How related to deceased <i>Friend</i>	

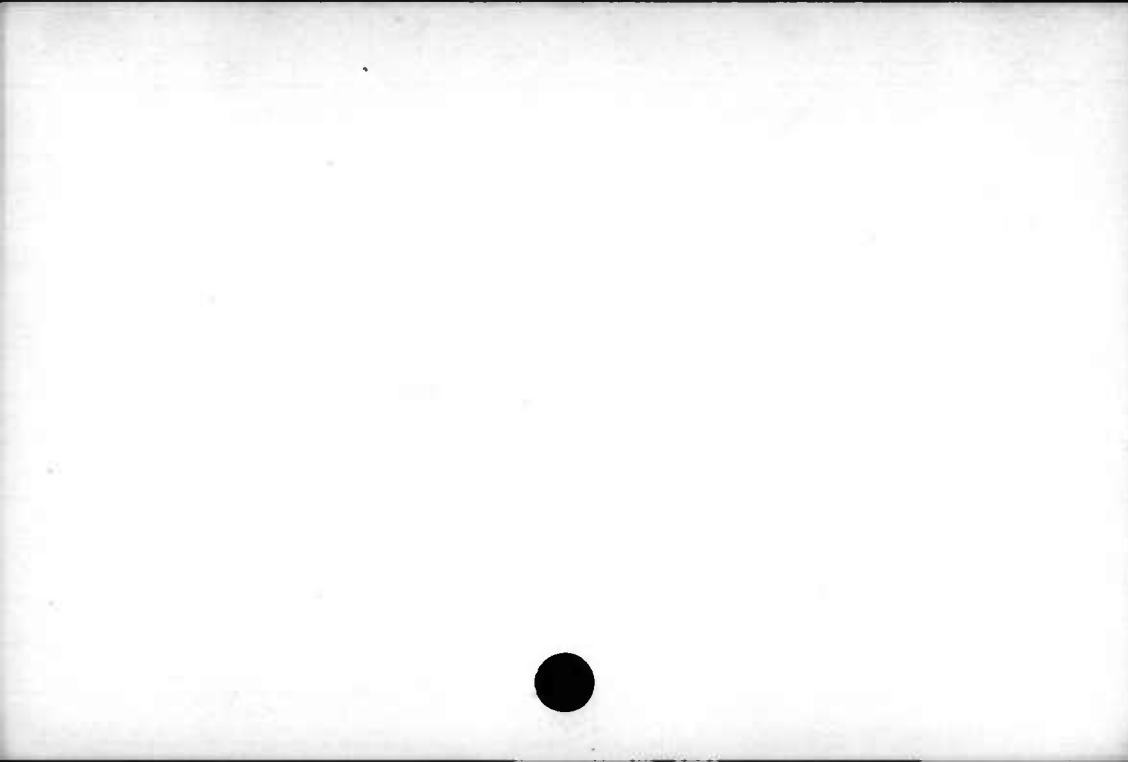
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accidental Drowning</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout M.D.</i>	
	Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>Accident</i>	<i>George A. Basil Coroner</i>	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eastport</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>				MARYLAND
	Date of death 190 <i>2</i>	Month <i>Oct.</i>	Day <i>3</i>	Age	Years	Months	Days <i>12</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Eastport</i>			
	Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>			
	Name of Wife or Husband <i>None</i>						
	Father's Name <i>Thaddeus F. Lockett</i>			Father's Birthplace <i>Prigintia</i>			
	Mother's Maiden Name <i>Britton</i>			Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Geo. A. Woolley</i>			How related to deceased <i>Not at all</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Heart Disease of A</i>			How long <i>Since birth</i>			
	Immediate <i>Cyanosis</i>			How long <i>Repeated attacks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>F. H. Thompson M.D.</i>			
				Address <i>93 Church St., Annapolis, Md.</i>			
Accident or Suicide? <i>No</i>							



Name  
in  
Full

## CERTIFICATE OF DEATH

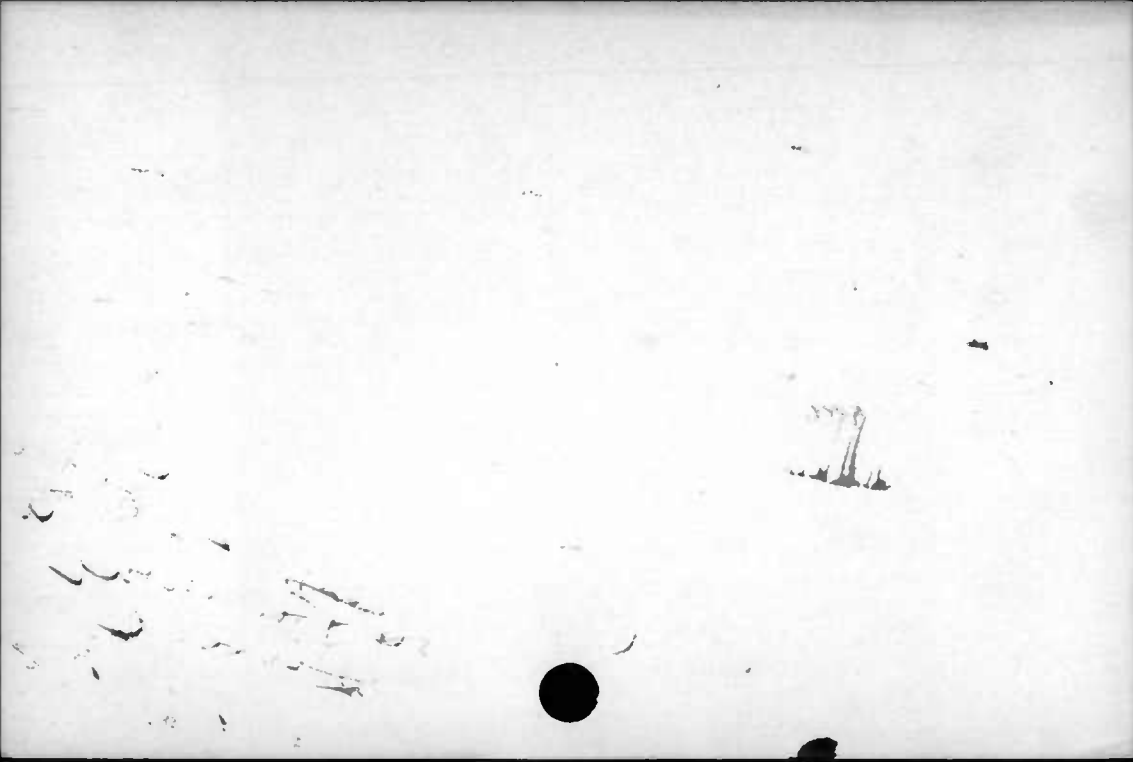
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Pearl Lowman</i>		Town <i>Odenton</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Odenton</i>		Month <i>10</i>		Day <i>27</i>		Age <i>5</i>	
Date of death 190 <i>2</i>		Month <i>10</i>		Day <i>27</i>		Age <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Odenton</i>			
<input checked="" type="checkbox"/> Single		Occupation					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Matthias Lowman</i>				Father's Birthplace <i>Odenton Ind</i>			
Mother's Maiden Name <i>Isabella Lowman</i>				Mother's Birthplace <i>Odenton Ind</i>			
Name of person giving information <i>Matthias Lowman</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>		How long <i>Seventeen days</i>	
Immediate <i>Syncope</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Hammond</i>	
		Address <i>Jessup Md</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

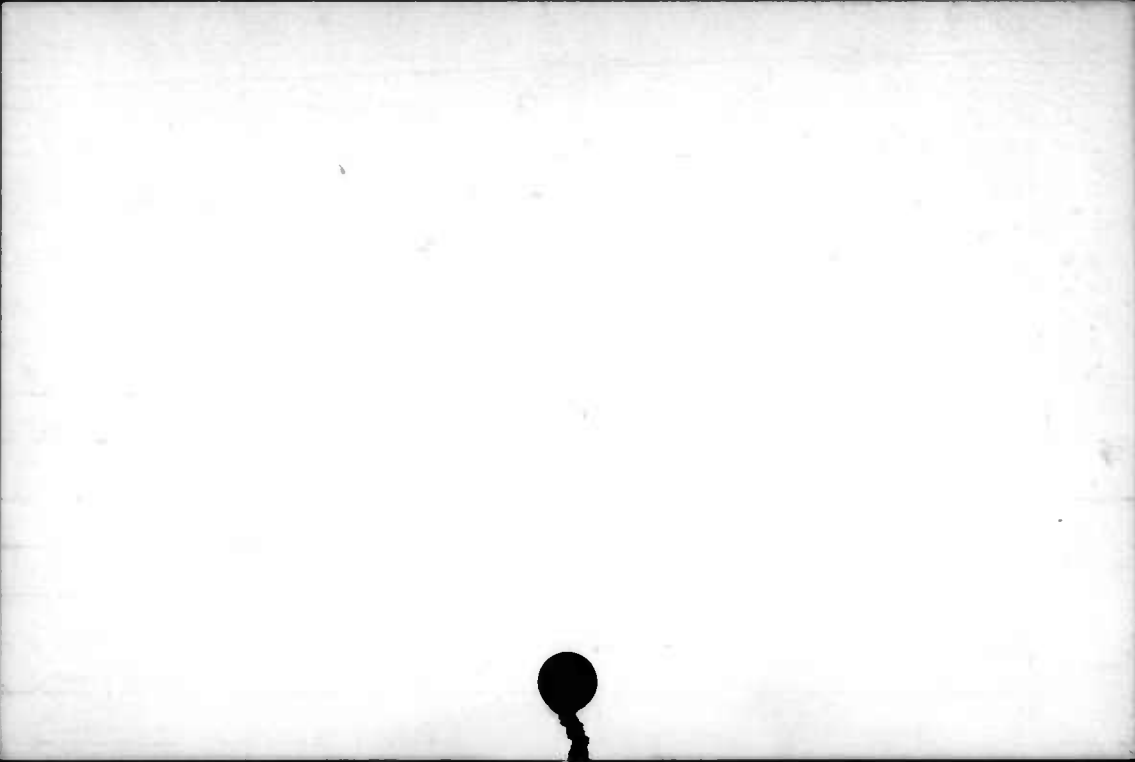
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jessie Browne Mc. New</i>		Town <i>Eastport</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Eastport</i>		Month <i>Oct.</i>		Day <i>11-</i>		Years <i>27</i>	
Date of death 190 <i>2</i>		Months <i>1</i>		Days <i>25</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Walter A. Mc. New.</i>							
Father's Name <i>Lewis B. Browne</i>		Father's Birthplace <i>N. Carolina</i>					
Mother's Maiden Name <i>Angusta J. Bayless.</i>		Mother's Birthplace <i>Harford City.</i>					
Name of person giving information <i>Callio F. Stewart</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Weber Surgeon U.S.N.</i>
	Address <i>Naval Academy, Annapolis.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Hildred M. Miller

## CERTIFICATE OF DEATH

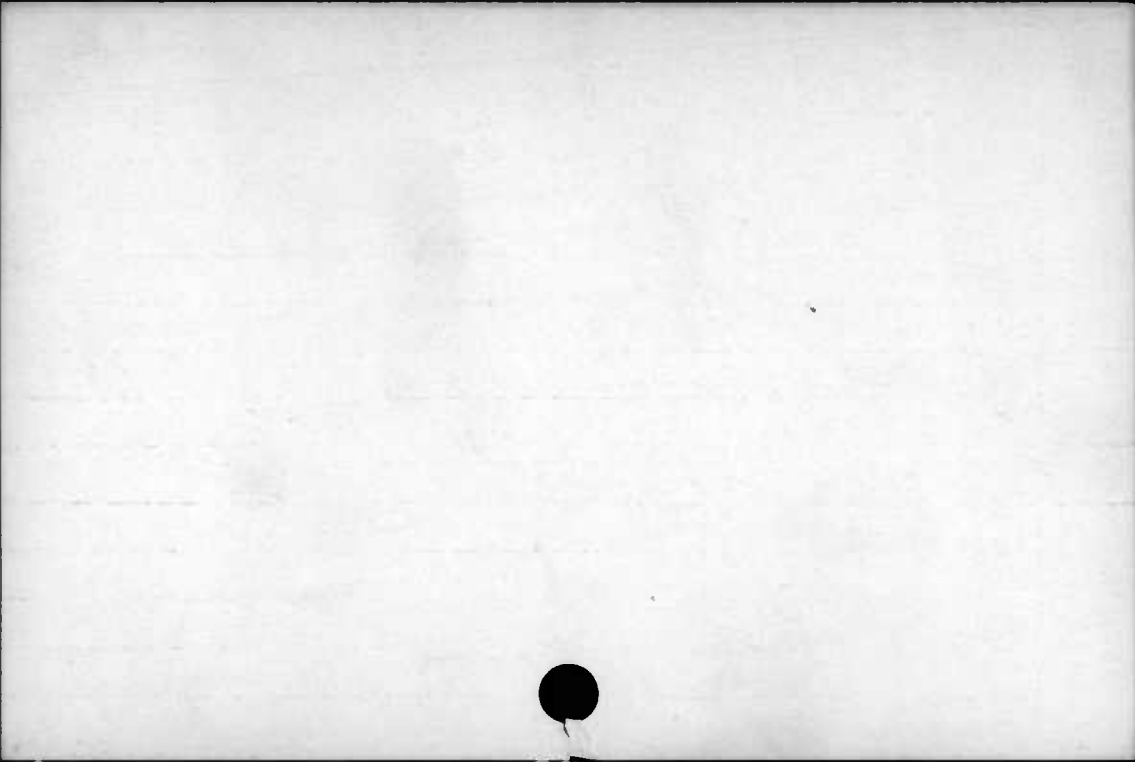
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND		
Date of death 190	<i>2</i>	Month	<i>Oct</i>	Day	<i>19</i>	Age	<i>1 yr, 4 m</i>	Months	<i>4</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Annapolis</i>			
Married, Single or Widowed				<i>—</i>						
Name of Wife or Husband				<i>—</i>						
Father's Name				<i>William Miller</i>				Father's Birthplace		<i>Annapolis</i>
Mother's Maiden Name				<i>Rose Miller</i>				Mother's Birthplace		<i>Baltimore</i>
Name of person giving information				<i>Blanch Miller</i>				How related to deceased		<i>Aunt</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm S Welch</i>
<i>yes</i>		Address	<i>Annapolis</i>
Accident or Suicide?		<i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sidney Parker</i>		Town <i>Chesterfield</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Chesterfield</i>		Date of death 190 <i>2</i>		Age <i>60</i>		Months <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co Maryland</i>		Days <i>7</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Benjamin Parker</i>							
Father's Name <i>J. Jones</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Unable to find out</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving Information <i>John K Johnson</i>				How related to deceased <i>None (is member of same body)</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>		How long <i>1 year</i>	
Immediate <i>Heart failure</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. DuBois MD</i>	
		Address <i>Gambrells MD</i>	
Accident or Suicide?			



Name  
in  
Full

George Peale

## CERTIFICATE OF DEATH

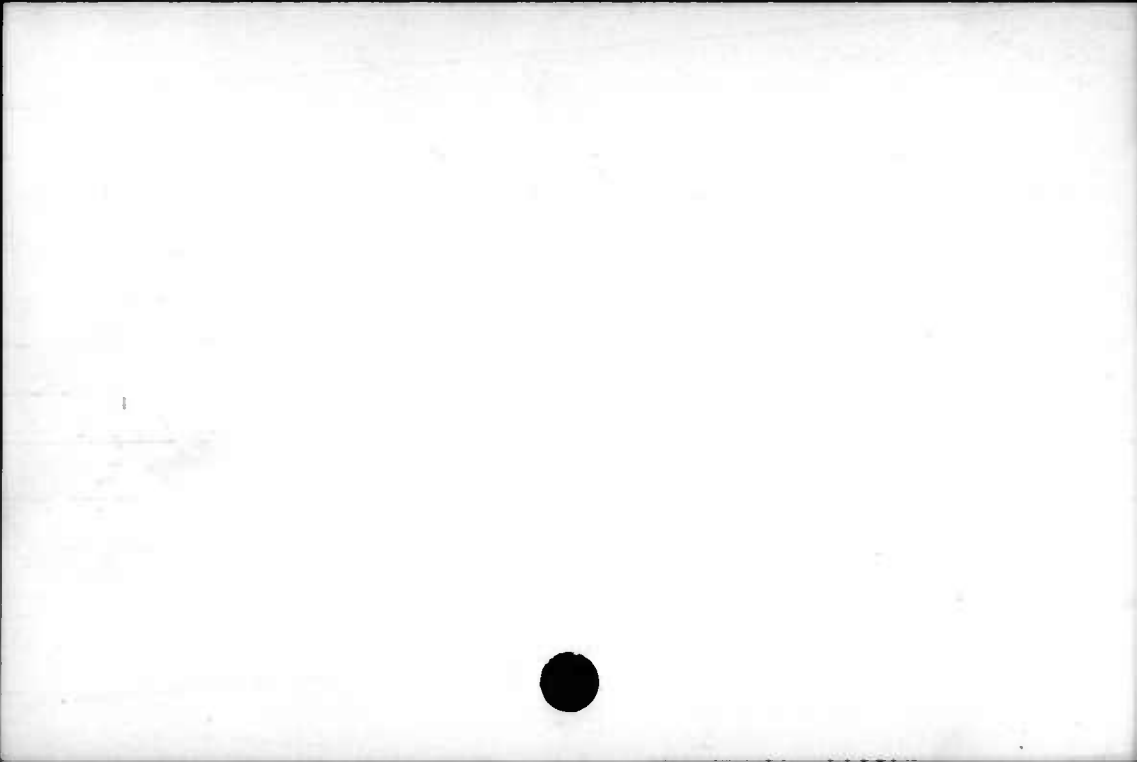
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	2	Oct	9 <sup>th</sup>	58			
Sex	Male		Color or Race	Col.		Birth-place	Md.
Married, Single or Widowed	Married			Occupation			Minister
Name of Wife or Husband Sarah Thomas							
Father's Name				Father's Birthplace			
George Peale				At County			
Mother's Maiden Name				Mother's Birthplace			
Sophie Williams				At County			
Name of person giving information				How related to deceased			
Sarah Peale				Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pyloric cancer	How long	8 Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. G. Thompson Md	
		Address	
		Annapolis	
		Md.	
Accident or Suicide?			





Name  
in  
Full

Harriet Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A.A.		MARYLAND	
Date of death 190	2	Month Oct	Day 17 <sup>th</sup>	Age Years	2	Months 1	Days
Sex	Female		Color or Race	Colored		Birth- place	Annapolis
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Samuel Richardson			
Mother's Maiden Name				Georgeanna Richardson			
Name of person giving In formation				Samuel Richardson			
Father's Birthplace				A.A. County			
Mother's Birthplace				Annapolis			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis 27		How long	Months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		John Ridout M.D.		
		Address		
		Annapolis		
Accident or Suicide?		M.D.		



Name  
In  
Full

Wm A Shoemaker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

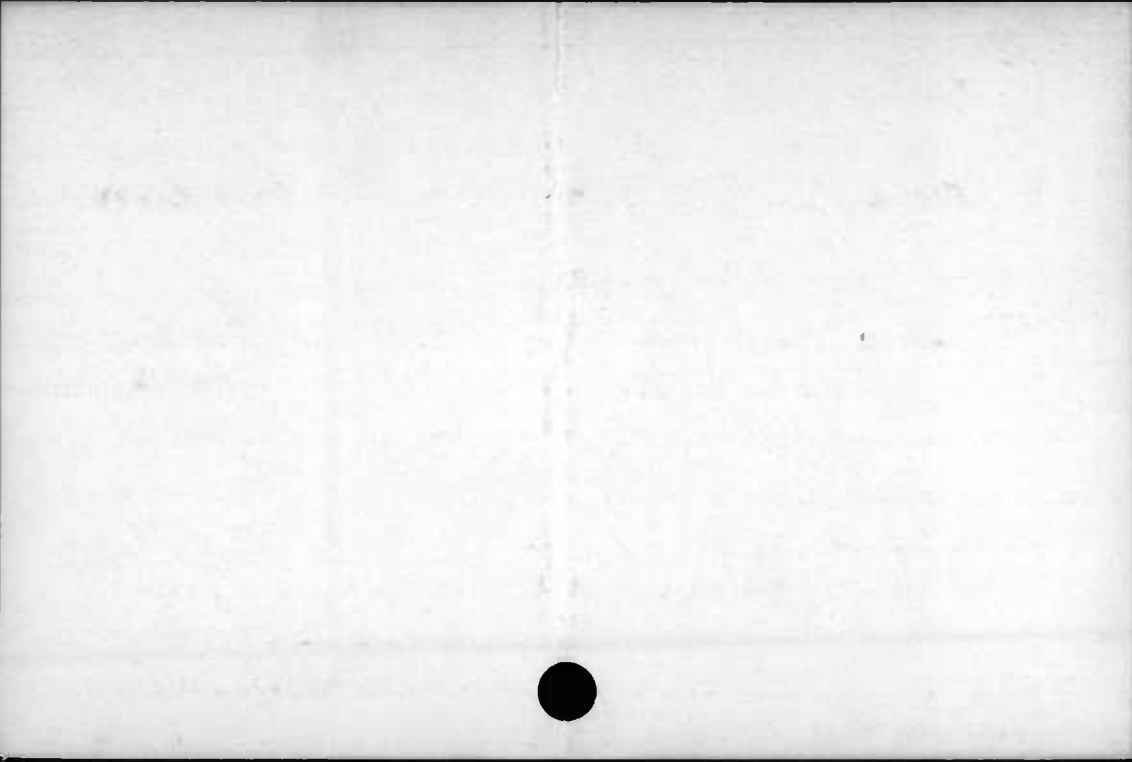
Died at <b>Odenton</b> <small>Town</small>		<b>Anne Arundel</b> <small>County</small>		<b>MARYLAND</b>	
<b>Date</b> of death 190 <b>2</b>	<b>Month</b> <b>10</b>	<b>Day</b> <b>19</b>	<b>Age</b> <b>48</b>	<b>Months</b> <b>8</b>	<b>Days</b> <b>27</b>
<b>Sex</b> <b>Male</b>	<b>Color or Race</b> <b>White-American</b>		<b>Birth-place</b> <b>Batuxent</b>		
<b>Married, Single or Widowed</b> <b>Married</b>		<b>Occupation</b> <b>Blacksmith</b>			
<b>Name of Wife or Husband</b> <b>Belle C Cobb - Shoemaker</b>					
<b>Father's Name</b> <b>Samuel Shoemaker</b>			<b>Father's Birthplace</b> <b>Baltimore Md</b>		
<b>Mother's Maiden Name</b> <b>Elizabeth Gosline</b>			<b>Mother's Birthplace</b> <b>Caryoll County</b>		
<b>Name of person giving In formation</b> <b>Emma J Lowman</b>			<b>How related to deceased</b> <b>Sister</b>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

<b>Primary</b> <b>Cancer of the Stomach</b>	<b>How long</b> <b>6 months</b>
<b>Immediate</b> <b>Hemorage in the Stomach</b>	<b>How long</b> <b>48 hours</b>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <b>Yes</b>	<b>Signature of Physician</b> <b>J M DuBois MD</b>
	<b>Address</b> <b>Gambrells</b>
<b>Accident or Suicide?</b> <b>_____</b>	<b>MA</b>



Name  
in  
Full

George Harry Smith Jr

CERTIFICATE OF DEATH

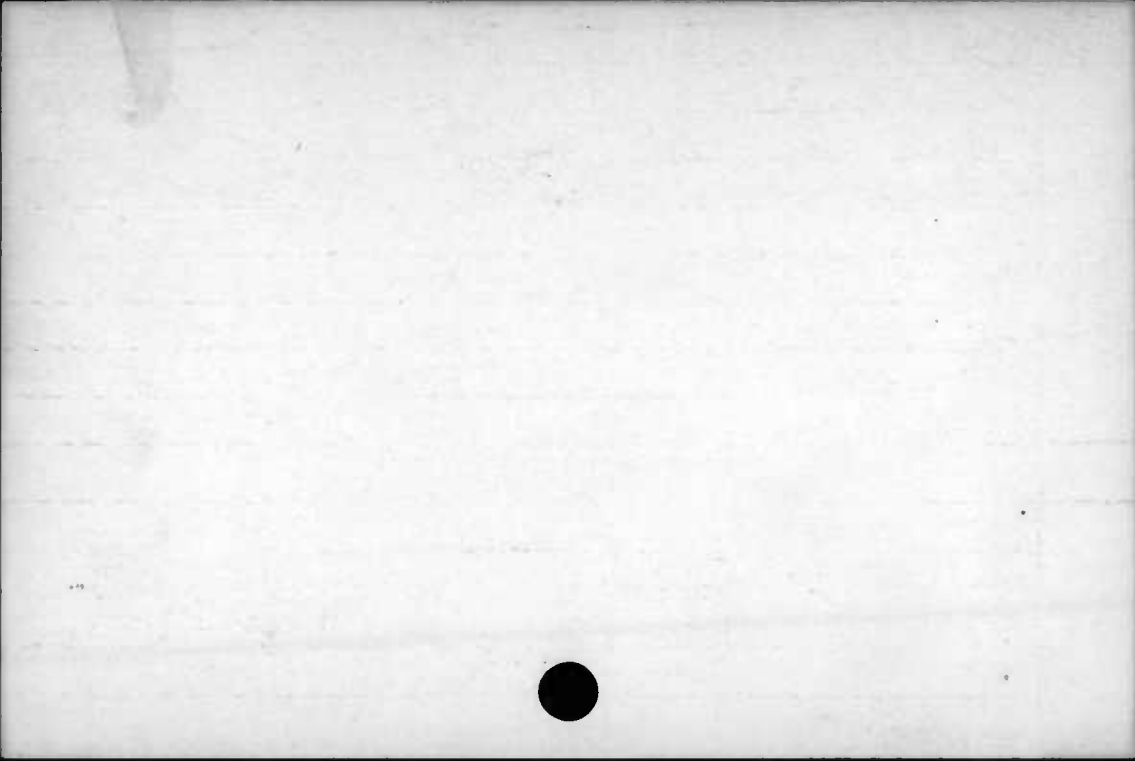
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> South Baltimore		<sup>County</sup> Anne Arundel		MARYLAND	
Date of death 1902	Month Oct	Day 15	Age —	Months —	Days 15
Sex Male		Color or Race White		Birth-place So. Balto. md	
Married, Single or Widowed —			Occupation —		
Name of Wife or Husband					
Father's Name George Harry Smith			Father's Birthplace Brooklyn Md.		
Mother's Maiden Name Maud Stohback			Mother's Birthplace Balto. md		
Name of person giving information Maud Smith			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Infantile Convulsions	One Day
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos. B. Horton M.D.
	Address So. Balto. md
<del>Accident or Suicide?</del>	



Name In Full

Certificate of Death

Penson Spriggs

Town

County

Died at

MARYLAND

Date 1902 October 21 | Age 4 | Native of Maryland | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
of

Wife

Father's  
Name

George Spriggs

Mother's  
Maiden Name

Mary Johnson

Cause of

Primary

Anemia

54

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

C R Wintersom M D

Address

Elkridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Edward Carl Thomas

## CERTIFICATE OF DEATH

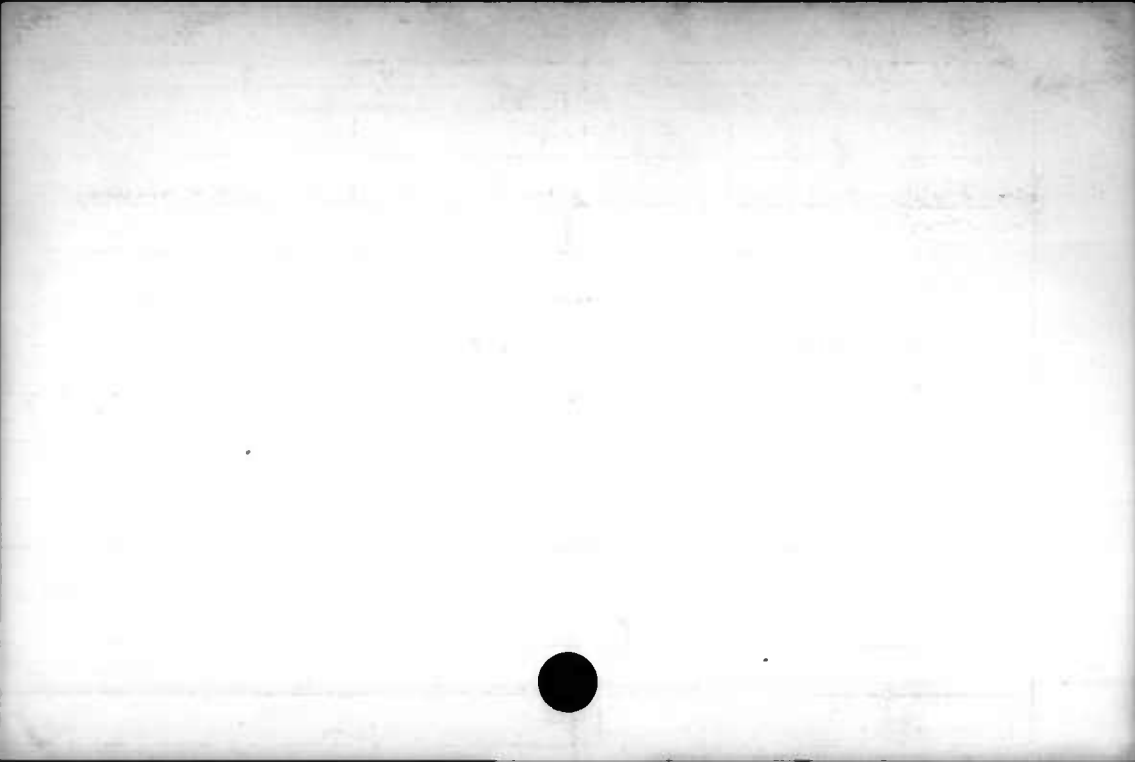
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190	Month <i>Oct</i>	Day <i>28</i>	Age	Years	Months <i>21</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Edward Thomas</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Margaret Thomas</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Rich. D. H. H. H.</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>151</i>	How long <i>20 days</i>
Immediate <i>Arthemia</i>		How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. B. Kent</i>	
	Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>No</i>		



Name In Full

Certificate of Death

Agnes Estell Ward

Town

County

Died at

MARYLAND

Died at *Mary* *Anne Arundel*  
 Month Day Y. M. D. Native of Occupation  
 Date 19 *02* *Oct* *7* Age *10 22* *Md*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary *Diarrhoea* How long sick *8 days*  
 Death Immediate *Convulsions* *105* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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